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RECRUITING LOW-INCOME FAMILIES FOR FAMILY LIFE EDUCATION PROGRAMS, FOUR REPORTS.

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THE FIRST OF THE FOUR REPORTS IN THIS PUBLICATION IS A DISCUSSION OF THE METHODS USED BY THE CHILD STUDY ASSOCIATION TO RECRUIT LOW-INCOME PARENTS FOR ITS FAMILY LIFE EDUCATION PROGRAMS. THE SECOND REPORT IS A DESCRIPTION OF TWO PARENT EDUCATION CLASSES OPERATED BY THE LOS ANGELES PUBLIC SCHOOLS. ONE OF THESE CLASSES IS AN EVENING CLASS FOR PARENTS OF ELEMENTARY SCHOOL CHILDREN AND THE OTHER IS A CHILD OBSERVATION CLASS ATTENDED BY MOTHERS AND THEIR PRESCHOOL CHILDREN ONE MORNING PER WEEK. A THIRD REPORT TELLS OF A BROAD COMMUNITY DEVELOPMENT PROGRAM UNDERTAKEN BY THE OAKLAND, CALIFORNIA, PUBLIC SCHOOLS AND OTHER COMMUNITY AGENCIES. EIGHT SPECIFIC PARENT EDUCATION PROGRAMS IN OAKLAND ARE BRIEFLY DESCRIBED. A DISCUSSION OF SERVICES OFFERED BY THE PLANNED PARENTHOOD FEDERATION IS GIVEN IN THE FOURTH REPORT. THESE FOUR REPORTS WERE PRESENTED AT THE 1964 ANNUAL FORUM OF NATIONAL CONFERENCE ON SOCIAL WELFARE. THE DOCUMENT IS ALSO AVAILABLE FOR $0.50 FROM THE CHILD STUDY ASSOCIATION OF AMERICA, INC., 9 EAST 89TH STREET, NEW YORK, NEW YORK 10028. (LB)

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Recruiting Low-Income Families for Family Life Education Programs

Four Reports

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A Child Study Association Publication

RECRUITING LOW-INCOME FAMILIES FOR FAMILY LIFE EDUCATION PROGRAMS

Four Reports Presented at
the 1964 Annual Forum of
National Conference on Social Welfare

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FOREWORD

There is increasing awareness of the impact of educational programs upon parents and families. At all levels, national, state and local programs are being developed specifically to help the disadvantaged, the poor, the culturally deprived persons to help themselves. Family life education programs, using a variey of approaches, are being utilized to involve parents and young people in discussing the pressing day-to-day concerns they face, with the purpose of enabling them to cope more effectively with their problems.

How are low-income groups reached? How do they respond? What methods can be used to recruit them? Are they different from middle class groups? How successful are current programs? Some answers to these questions were given in four reports presented at the 1964 Annual Forum of the National Conference on Social Welfare. Because of the present-day concern and the need to know more about programs for low-income groups, it is the Association's belief that these reports should have as wide a distribution as possible.

The Association is pleased to publish these four reports and would appreciate hearing of projects undertaken by others. Grateful acknowledgement is given to Evelyn W. Pickarts, Supervisor, Parent Education Adult Education, Los Angeles City School Districts; John J. Carusone, Coordinator, Interagency Project, Oakland Public Schools; Naomi Thomas Gray, Field Director, Planned Parenthood–World Population, and Carl A. Scott, Program Director, Child Study Association of America.

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I

CARL A. SCOTT
Program Director,
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Family life education programs which focus on the concerns of parents about their children and on the ways in which families cope with stress both at home and in other environments have been considered traditionally for the middle class. Can parents who are heavily burdened with financial and environmental pressures be expected to participate in educational programs of this sort? Do such programs really meet their needs?

After many years of experience in developing programs for parents from a wide range of socioeconomic backgrounds, the Child Study Association of America is convinced that low-income families, too, can make significant use of such programs, particularly the group discussion experience. In recent meetings—for example a group of AFDC mothers getting together in the basement of a Methodist Church in Cleveland, fathers and mothers meeting in the recreation room of a settlement house in Minneapolis, parents meeting in a public school in a disadvantaged area in New York—all were concerned with these questions: How can I stop my children from fighting so much? How do I prevent my teen-age boy from dropping out of school? We live in a bad neighborhood—how can I prevent my fifteen-year-old boy from getting in with gangs and becoming a juvenile delinquent? My teen-age daughter is hanging around with a group of girls who go with older boys in the neighborhood; recently one of the girls became pregnant and I am afraid that my daughter might get pregnant too. What can I do?

These questions reflect the concerns and interests of parents in low-income groups. Their discussions are not abstract and do not follow a topic-oriented outline of curriculum. Rather, they are based on pressing day-to-day problems which the parents face in rearing their children.

The questions which parents bring to the group discussion sessions provide the basis for the content of a series of eight to twelve weekly

meetings. These meetings seem to have an immediate relevancy to the participants as they explore their own problems, at their own pace, and in their own way. With the aid of the group and a skillful leader, the parents are helped to define their concerns and to receive positive support in their desire to become more effective as parents. Through the development of self confidence, they discover new ways to play a more active and supportive role in relation to their children. Despite their economic or educational limitations, these parents often achieve new insights in coping with their problems, or have their convictions strengthened about what they are already doing.

Although many health and welfare agencies believe that such programs have real meaning, they report difficulty in attracting new parents to new groups. They repeatedly ask, "How do we reach them?" It is, therefore, my intent here to focus on Child Study's experience in organizing groups in low-income areas. In connection with training programs which the Association has given to professional persons from various fields, and as a result of these programs, professional persons are conducting parent education programs in various parts of the country with participants from a variety of cultural backgrounds and all socioeconomic levels.

For the past five years, under the sponsorship of the U. S. Children's Bureau (Department of Health, Education, and Welfare) and various state health departments, we have conducted training programs for nurses in leadership of expectant parent groups. Many of these nurses are serving low-income parents. And in 1963, with support from the National Institute of Mental Health, Child Study and the Family Service Association of America began a joint project to improve the quality of group education programs for parents offered by the Family Service Association agencies on the problems of family mental health. Nineteen social workers were trained in group leadership as part of this project and conducted a total of sixty-eight parent discussion groups during the first year. Nearly seven hundred parents took part in these discussion groups, one-half of them falling into the low-income category. Discussion groups for parents have been held in settlement houses, housing projects, churches, day care centers, schools in high delinquency areas, community centers, family agencies, and, in one instance, at the juvenile court. In every situation, the group attendance was voluntary.

Although we cannot yet draw an accurate socioeconomic profile of the families who come to these parent education programs, we are presently conducting a research study which will, in time, provide some answers to our questions. Meanwhile, we can say that the most likely group of prospects are the families who might be labeled "activists." "Activists" are families affiliated with some voluntary organization such as a mothers' club at the settlement house, a church, or a day care

center. "Activists" also utilize public health services in the community. Although they are identified as low-income, educationally disadvantaged people, they are actively seeking a better life for themselves and their children and are hopeful about their ability to move ahead through their own initiative.

On the other hand, the least likely candidates for a parent group education program appear to be those low-income families who might be identified as "fatalists." "Fatalists" are not affiliated with voluntary organizations, do not attend churches or go to settlement houses, and often seem overwhelmed and hopeless. Many of these families have been identified as "multi-problem," and are likely to be the most deprived of the low-income parents. In our experience, however, we have had some evidence that even these "fatalists" can make use of parent education programs—but a variety of new methods must be devised to reach them.[1]

First let me review what we learned from the recruitment techniques that were successfully used last year to form these groups. Expectant parent and parent groups were recruited in several ways. In some prenatal clinics, for example, recruitment was handled by the public health nurses who were in touch with the mothers and visited them in their homes or established contact as they came to the clinic for prenatal care. In other cases, recruitment was handled by the nurse who would also lead the group. And sometimes it was handled by other professional persons familiar with the program. Experience showed us, however, that the persons doing the recruitment needed to be thoroughly familiar with the program, its purposes and goals, and able to interpret it very clearly to the prospective group members.

Simple printed announcements were circulated to expectant parents indicating time and place of the meetings. The interpretation of the program in the circulars was simple and direct. Emphasis was placed on the fact that the group would discuss the common concerns of expectant parents. A typical announcement suggested some of the specific questions about pregnancy—labor, delivery, care of the baby—frequently discussed in such a group. The announcement was also a means of interpreting the program to other interested persons in the community who were in touch with the expectant mothers. But by far the best way to recruit successfully was for the agency representative in charge of the program to seek active participation by going out into the community. Home visits either to extend or follow up an invitation often brought good results. Even after personal contact, we found that it was helpful to send a personalized note to remind the mother of the time and place of the meeting, with a word of assurance of

[1] *A Typology of Poor People for Use in Family Life Education Programs.* Aaron Rosenblatt; 1964 (Unpublished manuscript.)

being genuinely welcomed. Fear and uncertainty about participation in such a group is a common worry of low-income mothers.

It was also important that we consider some of the special pressures facing these parents which made it difficult for them to attend such meetings. We found that evening meetings were generally not too successful. Mothers appeared more willing and able to attend when meetings were held at the clinic or health station during the time of her prenatal visit. Although we have encouraged the nurses in our programs to provide evening experiences for couples as well as for the mothers alone, we have found that the fathers usually have not availed themselves of the service.

For many years now, the Association has also been concerned with the question of how to involve low-income families in programs concerned with parent-child relationships for parents of children of different ages. We have found recruitment to be fairly successful when we have worked cooperatively with schools, day care centers, and other existing community resources in areas serving low-income families. In the joint Family Service Association of America and Child Study Association project for social workers in family agencies, we have worked with social work group leaders to discover the most effective ways of involving low-income families in such parent group education programs. This has not always been easy—either for the Association's staff or for the professional person with whom we have worked. After much trial and error, however, we have been impressed by the number of low-income families who have become involved in parent group education programs and by the way in which they have utilized this group experience.

Here again, in our parent education programs, we have found that the more traditional methods of recruitment were not as effective as personal contacts. In spite of newspaper releases, spot radio and television announcements, flyers, and one-night demonstration meetings, we did not meet with much success when we relied upon these methods alone to interest families in our programs. We found that when the leader directly solicited participation, he had the opportunity to interpret the program to the prospective group members and to develop confidence in the mothers as they talked with him. Although this time-consuming method may not always be possible, in cases where it has been tried it has proved very effective. Many recruitment efforts have failed because the group leader delegated recruitment responsibility to persons either who did not fully understand the program or who were unable to foresee some of the difficulties which might make it impossible for the parents to participate.

The most productive recruitment efforts have been realized when the agency sponsoring the program has worked with a co-sponsoring

agency already in contact with the parents to be involved. Ministers, or other church leaders, guidance personnel from the schools, day care counselors, or settlement house group workers have proven to be valuable resources. These people can bridge the gap between the sponsoring agency and the program. If the program has been carefully interpreted to them and they are convinced of its value, they can "spread the word" and create a feeling which encourages attendance. Even if such persons may not be effective in recruiting parents directly, they can introduce the sponsoring agency or, even better, the group leader. We have found that the case worker, group worker, or community organizer who is already working in the community can often interpret the program effectively and organize and recruit for it as well.

A number of factors may make it difficult for low-income families to commit themselves to a weekly program. Many parents have small children; many find it difficult to travel or may even lack carfare to get to the meeting; some are reluctant to go to an unfamiliar place with unfamiliar people. But if the sponsoring agency anticipates such pressures and does some advance planning, these hurdles can be overcome. Child Study, for example, found that it is easier to recruit parents when the group meetings are held in a familiar setting as close as possible to the parents' homes, using, whenever possible, the facilities of the co-sponsoring group. Some agencies have found that in providing a supervised playroom for small children many more families can attend the group meetings—this extra service not only meets an immediate need, but offers as well a pleasant rest to the mothers from the care of their children. Community volunteers are frequently willing to staff such a project. A few agencies have successfully attracted the fathers as well as mothers by holding meetings in the evening and providing, in addition to a playroom, a simple pre-meeting supper, charging each family only a small fee. Methods for reaching parents vary from community to community, but the important common denominator in all successful programs has been to recognize and plan for the reality factors that influence attendance.

In summary, Child Study has found that the most successful approach for parent group education programs with low-income families is based on certain basic concepts of related helping professions. This principle applies to successful group leadership as well as to recruitment. First, the program must be built around the immediate live concerns of the parents involved. Second, the person responsible for recruitment must seek out the prospective group members and personally interpret the program in ways that indicate how such an experience can be helpful. Third, the recruiter must thoroughly believe in the program and what it can do to help parents from all socioeconomic levels in creating a better life for their children.

II

EVELYN W. PICKARTS
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Parent Education programs in Los Angeles and California have been in existence for over thirty-five years. Their clientele, however, has been traditionally middle class. Efforts have been made to reach low-income families but were generally discontinued due to limited attendance.

In the Los Angeles Adult Education Branch, we have had a rule requiring a minimum class size of fourteen students. In past efforts with low-income families, although teachers reported that the attitudes and behavior of the participants had changed, we were still expected to reach more people than we were reaching with our teaching dollars. Since in almost every instance, the group would be composed of no more than eight to ten mothers, the class would then have to be discontinued.

Last year the McAteer Act was passed in California which provided state funds for work with the "culturally deprived." One of the Los Angeles projects was a program of parent education aimed at reaching low-income families. An aggressive recruitment policy involved as many agencies as possible in the recruitment of low-income families and group size was limited to an average of ten. The approach to these families was that the school was interested in helping parents to help their children do well in school.

We planned two types of parent education classes. One of these was designed for parents of elementary school children in six selected Los Angeles schools where programs are being conducted in the form of supplemental and extended-day teaching for children with learning lags. The parents of these children were invited to attend an evening parent class. The approach was, in effect, that it takes both parents and schools to help children learn. To date there have been 227 parents involved in five classes of fifteen sessions each. One class was closed because of lack of attendance and we are now attempting to

discover what factors made the difference between the failure of this group and the better-than-anticipated success of the other groups.

Participation was voluntary except for one group where parents were advised that their children's opportunity for additional help beyond the school day was dependent upon their participation in the parent discussion group. This was the largest group of all.

The other type of class we are currently conducting is what we term "child observation." The mother and her preschool child or children—there are usually several from two to five years of age—attend a class one morning per week from nine to twelve. Part of the morning is spent in a program of children's activities planned to provide new and enriching experiences in painting, working with clay, being read to, looking at books, and participating in music activities. The teacher works with the children as a demonstration to mothers and encourages them to watch and to see, to listen and to hear, and later on to keep written records when they are ready. As the children play, the mothers learn the importance of providing similar experiences at home, and with the guidance of the teacher, they learn how to do it.

During the morning the teacher meets with the group of mothers apart from the children who continue their own group experience under the supervision of an assistant. The mothers discuss what they have seen as well as their concerns about their children's development. We keep records as to areas of special interest and the response to various subjects. The subjects for discussion may be introduced by the teacher or by class members.

The theme that runs through the discussion time has been "let's see what we, the parents and the school, can do to give your children the best possible opportunity for success in school." These mothers, at this point at least, do not want their children to be dropouts. In the words of one mother, "I want him to do well in school, to finish school, but how can I help him? What can I do?" In the elementary groups the educational program is interpreted and in child observation the importance of certain learning experiences is stressed.

The preschool experiences and their importance are quite well documented at this point. Mothers are shown that school programs are generally based on the assumption that certain learning has taken place before the child first comes to school—learning that is parent-provided. The child has learned to listen or not to listen; he has learned to speak or not to speak and how to speak; he has learned to respond to the prompting of his curiosity or to keep it quiet. His mother has been and will be his teacher for more hours than any other teacher will be. Through this class we are trying to show the mother how important she is to her child's learning and to teach her some methods to help him effectively.

The locations of both types of classes are in low-income areas of the city where the participants are primarily Negro and Mexican-American. Now that we are nearing the end of the school year, we know that the interest is there. In a variety of ways we have tried to communicate to parents, who were never reached in parent groups before, the concept that they are important to their children's success in school and that they and the school must work together to achieve that success. The content of the parent educational program, of course, does not stop there, but extends this idea into other important facets of parent-child relationships that are important to individual development.

The recruiting emphasis, however, has been again and again on this one idea of children's success in school. It has been communicated by teachers, elementary school principals, and community agency personnel. It has been done by letters, personal contacts, flyers, newspaper articles, announcements on radio and television, and from the church pulpit. Elementary school principals have played a major role in the recruitment, especially of the parents of the children in the supplementary day program.

Community agencies such as coordinating councils, the Bureau of Public Assistance, public health departments, housing authority managers, community centers, playground directors, and the Parent Teacher Association were all active in recruitment drives. Project personnel met with individuals and groups to talk about the availability of the classes and to enlist enthusiasm and commitment to the programs.

For example, after the child observation classes in other areas were in existence for a while, the Mexican-American Association of San Fernando requested a class for that area. They stressed the potential values for non-English speaking mothers and their children, and to publicize the class the Association went on radio and television, appealing to mothers to join the class. On opening day sixty mothers and over one hundred and twenty preschool children appeared. Two classes were opened and, in a short time, they were down to a manageable size. Two thirds of these mothers did not speak English, so a Spanish-speaking teacher was employed. In the context of stories and other play activities for children, some English is learned; mothers learn a little English while discussing parent-child relationships. A number of the fathers of these children are now attending an English class for foreign-speaking persons at the evening adult school.

A variety of organizations are contributing materials and are providing volunteers to assist in child care. The Tenth District Parent Teacher Association of Los Angeles has taken on a project of providing money allowances to each child-observation class in that district for juice, crackers, and milk served at the nutrition period of the morning.

The City Toy Loan has loaned tricycles, housekeeping equipment, dolls, and other toys to some groups.

In one instance, the housing authority provided a bus so that mothers and their preschool children might visit a dairy out of the city. These children can see trains and the top of the City Hall from where they live, but on this day they saw a calf being born. The mothers saw it too for the first time; when they returned they talked about the importance of sharing experiences with their children and the importance of talking about their experiences together. They also saw how children use their experiences in their play.

Some of the mother's reasons for attending class can be described best by quoting them:

"I want to help my child get ready for school."

"I want to do a good job as a parent."

"There are so many in the family and they are all different. I need help in understanding them."

"I want my child to learn how to get along with others."

"I am on relief and my parents were on relief, so I want to help my children get an education so that they can earn a living."

We found that groups are particularly small at first. To date, the average size is twelve mothers. Because of the large number of preschool children in the group, we will never be able to involve more than a small percentage of the parents in our classes. The importance of having a close relationship with these women who have not had this type of experience before makes large groups unfeasible. When mothers have attended class for a while and begin to see the values, they sometimes take on the job of recruitment. When one class declined in attendance, the committee members went out to tell their friends and neighbors about it and encouraged them to come. Here is a clear sign of growth in responsibility.

The child observation class is not an intensive nursery school program such as is being conducted in other areas of the country for underprivileged children. It is a three-hour per week learning experience for ten to fifteen mothers and their twenty to twenty-five children. We are accumulating evidence that many of these mothers are enriching their children's lives at home during the rest of the week. Books are loaned and read to children in homes where there have been no books before. If a mother cannot read, she can learn to tell a story from the book.

Mother-teaching patterns and guidance appear to be changing with the growth of the mother's own sense of importance, with the sup-

portive relationship of the teacher, with the chance to share common experiences with other parents, and with the chance to talk in a free and accepting atmosphere. As one group expressed it, "We need this class right here in the housing project because we have no way of getting very far from home."

Recruitment takes more than a written notice. Some of these parents cannot read and, even if they can, a notice is usually not enough. It takes interest and understanding on the part of as many agencies and organizations as can be involved. It takes carefully selected teachers who can build a good relationship with the parents who come somewhat fearfully and tentatively. It takes a focused message, communicated through every possible source, that parents are important and have a vital role in helping their children to learn and to achieve.

III

JOHN J. CARUSONE
Coordinator, Interagency Project,
Oakland Public Schools

In 1961, the city of Oakland received a two million dollar grant from the Ford Foundation to finance a broad program of community development aimed at attacking the broad varieties of social problems of the central city. Oakland has all the problems of other core cities across the nation. The lower socioeconomic group of the city is composed largely of Negroes along with a relatively smaller number of Mexican-Americans. These minorities for the most part originate in rural areas and have little or no training or experience to prepare them for success in the pattern of urban life. In addition, these minorities possess problems resulting from segregation and discrimination, and in the cities they may on many occasions continue to face practices which discriminate to their disadvantage. Thus, we find the poorest housing in our city occupied largely by these same minorities, with the resulting overtones of segregation. Further, the children from these areas possess the educational problems typical of the lower socioeconomic group with the additional imponderables related to discrimination—evil self image, inability to identify with the culture, lack of motivation. The resultant social problems have added largely to the burdens of the community's service institutions and intensified the difficulties of their operations.

In endeavoring to cope with the problems, the community agencies have sought to develop new approaches and new methods of operation. The agencies are increasingly aware that the social problems which they face are interrelated and stem from common causes. One of the goals of the community agencies is the involvement of citizen participation in programs for neighborhood and community betterment and broadening the educational and cultural opportunities for youth and adults.

An important consideration in the programs developed by the Oak-

land Public Schools and other community agencies involved in the Ford Foundation project has been the involvement of minority group parents to a degree never before attempted. Interest has centered on helping parents understand their children, on developing homemaking skills and learning the basic skills most useful for everyday living, on developing an appreciation and an awareness of their own culture and history, and on participation in community affairs, particularly at the neighborhood level.

Although it is an accepted axiom that parents are largely responsible for the success or failure of their children in school, very little has actually been done to effectively involve parents from lower-socio-economic areas in education and other kinds of programs. Patricia C. Sexton in her book *Education and Income*[1] points out that the child is a product of his family and class background just as his parents are of theirs. Very often the child is primarily a reflection of parental attitudes, values, skills, and levels of understanding. Because of this, the schools must seek the help and cooperation of parents if they want to change the behavior of students.

All too frequently efforts to involve parents from lower socioeconomic areas in programs have met with failure, while programs developed in more advantageous socioeconomic areas are met with widespread support with relatively little effort. It is not at all unusual to send out thousands of flyers to homes in the poorer areas of the city announcing the opening of adult education classes only to have one or two people show up, while a single newspaper item will result in classes being oversubscribed in more advantageous sections. School personnel who work in the poorer areas deplore an apparent lack of interest in community and school affairs, yet, at the same time, are relieved because they are not subjected to the parental pressures exerted on community institutions in "better" sections of the city. It is not uncommon to have minority groups stereotyped as indolent, lazy, and discontented, disinterested in education, hostile and rebellious toward teachers and others in authority, and tending to take advantage of community institutions and services rather than to constructively utilize them. A climate of suspicion and evasiveness concomitant with poor communication frequently characterizes the relationship between lower class minority groups and the community agencies staffed by middle class personnel, who have the function to help the disadvantaged become useful and productive citizens.

There seems to be recognition of the gulf which exists between the community agencies and the clientele served by these agencies. It is

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[1] Patricia C. Sexton, *Education and Income: Inequality of Opportunity in Our Public Schools* (New York: Viking Press, 1961).

not unusual to read in the literature the importance of understanding the cultural patterns of the lower class or low-income families. A close appraisal indicates, with few exceptions, that more is said about the negative aspects of the culture and little about the strengths. Feelings of frustrations and inadequacy frequently characterize the attitudes of professional workers after spending time working with lower-class families. These feelings, in turn, may give way to apathy and indifference and thus the same negative set of attitudes often subscribed to low-income families may become characteristic of the professional person.

We would like to submit that the professional person has an obligation transcending the client he serves. This obligation necessitates that the professional person be increasingly aware of the need for self-evaluation as well as of the need to preserve the client's dignity at all times. In the helping relationship between client and professional, the burden of proof is upon the professional—although our clients have a right to reject us, it is our obligation to understand their needs and problems.

Further, if we are to be accessible to the families we serve then we must reach out more aggressively and not wait passively for clients to come to us. If we are to be effective we must reach out into the neighborhoods, and the home visit once again must be our clarion call. I suspect that too many of us are conveniently labeling clients as resistive and inaccessible when they fail to keep office appointments. Not many of us think in terms of follow-up telephone calls or home visits. We wrap ourselves in a professional cloak, drawing it tightly around us and shutting off the very people who should be served. We no longer seem to know how to be warm and responsive and yet still professional in relationships with our clients. A recognized gulf exists between us and the lower socioeconomic families; we do not seem to know how to bridge the gap.

At one time in the history of social work the home visit was the honored and respected tool of the professional worker. When psychoanalytic theory greatly added to our knowledge and understanding of human personality, we gradually became office bound. The neighborhood house seemed to stand almost alone in preserving the sanctity of the home visit—only to find itself in disrepute.

Today the rumblings of great human events are stirring around us and vast numbers of people are beginning to voice dissatisfaction with their conditions and are being heard. Once again agencies are stirring themselves and talking in terms of reaching out into the communities they serve. The Federal government as well as foundations are encouraging demonstration programs on the part of community agencies

which emphasize the involvement of the local community and neighborhood and reach out to individuals and families.

It is this reaching-out concept which has characterized the attempts of the Oakland Public School system and other community agencies to involve the so-called hard-to-reach parents in a variety of programs and activities.

Eight separate programs were started during the 1963-64 school year in an area of the city where repeated attempts to form adult education classes and parent discussion and activity groups had consistently met with failure over a period of years. These adult programs have continued during the school year and have involved agencies acting either singularly or two or more together. Several of the programs are sponsored in cooperation with the Oakland Public Schools Adult Education Department. Typical programs have as a primary characteristic that the subject matter be recognized and acknowledged by the participants as a matter of vital interest. For example:

1. A group of parents of eighteen elementary school age boys, declared pre-delinquent according to a set of predetermined criteria, have met twice a month since 1963. This program is in cooperation with the Oakland schools, the Oakland Recreation Department, the Alameda County Probation Department, and the California Youth Authority. The purpose of the program is to help parents understand and effectively work with their children and to try as well to change their negative attitudes toward school and community agencies.

2. A group of parents of forty junior high school girls meet regularly twice a month to discuss their concerns relating to teen-age children. This program is sponsored by the Oakland schools in cooperation with the Adult Education Department.

3. Several programs stressing the basic skills of reading and arithmetic, particularly as they relate to everyday living, are also in progress. Each group has approximately fourteen adults.

4. Several homemaking classes for women and one wood working class for men have been inaugurated.

5. Parents of children attending the child care center in the project area met for a series of twelve meetings on child development and to learn about the child care program.

6. Twenty parents of elementary school age children meet once a week for a series of meetings (eight in all) on understanding the school program and curriculum.

7. A group of approximately sixteen adults meets once a week to discuss Negro history and other topics of concern.

8. An inter-agency program for a group of school age pregnant girls has been inaugurated. The girls' mothers are now being seen on a group basis.

A second characteristic in developing programs for adults is that the leaders or teachers of the group are actively sought out and recruited for demonstrated ability to be respected and accepted by the community. Such persons generally teach or work in the community.

A third characteristic is that each group designates one or two parent leaders to assist the professional leader by helping to keep active the interest of the members of the group. This is done by a telephone call or personal contact before each scheduled meeting.

I would like to report, of course, that all our programs met with instantaneous success—but this would not be facing facts. In summing up, we have found the following:

Many programs were started with only four or five people in the group and needed time to grow. The Adult Education Department, for example, sponsored programs well below the required minimum of fifteen—programs were started if there was an expression of interest on the part of several people in the hope that such programs once begun could be built up.

Personal interviews, letters, and telephone calls are standard operating procedures for the professional and parent group leaders and are a continuing process.

The leaders attempt to make the adults enrolled in the program feel that their progress and well-being is of genuine concern.

Forty to sixty adults may sign up or otherwise indicate their interest in a program; four to sixteen people may actually attend the opening session. However, with continued personal interest on the part of leaders, attendance has eventually improved and been maintained.

Only one class was disbanded. In this instance, evaluation showed that two of the three characteristics described above were not present—the professional leader was relatively unknown and did not work in the same area and the parent leaders were not selected.

IV

NAOMI THOMAS GRAY
Field Director,
Planned Parenthood—World Population

This year marks the fiftieth anniversary of the birth control movement in this country. For most of these years, Planned Parenthood has had the unique distinction of having to attract low-income clients to its services without the benefit of large sums of money, the cooperation of major health and welfare agencies, sufficient trained professional workers, or mass communication outlets. Within this rather isolated and lonely existence, it has been necessary to try various techniques at national and local levels. Planned Parenthood continues to work on ways of reaching out and communicating with low-income families about birth control. Family planning deals with sex, which our culture regards as an intimate, personal matter; it is surrounded by emotion, religious beliefs, and modesty, all of which are additional hurdles to be overcome.

Planned Parenthood offers services for both contraception and infertility. These services are provided to families who desire them and make the initial effort to come to Planned Parenthood Centers to receive them. Contraceptive methods currently available are voluntary in character and indeed, require the constant cooperation of the patients. While the organization views the population explosion as a great threat to the future well-being of mankind as a whole, it firmly believes that population growth can be kept in check if effective techniques of voluntary family planning are made equally available to all peoples—poor as well as the rich, persons of all colors and ethnic groups, inhabitants of the already industrialized as well as the developing nations. Therefore, much of Planned Parenthood's efforts over the years has been directed towards reaching families in slum and low-income areas, based on the philosophy that we have a responsibility to help families living under unfavorable socioeconomic circumstances to implement their own expressed objectives in regard to family size. (It is not widely

known that low-income Americans express a desire to have as few—or fewer—children than couples of higher socioeconomic levels.) The more affluent and educated members of our society have always been more apt to know where and how to obtain knowledge and instruction about contraception and to plan their families accordingly.

The people whom we serve come from all racial and ethnic groups, in primarily urban settings. Approximately 46 percent of new patients served in Planned Parenthood Centers in 1963 were low-income minority group families. In general, we serve predominately young parents of low or modest income. Of every 100 new patients who sought family planning services at our centers in 1963:

68 had family incomes of $74 or less per week; i.e., less than $3,850 per year.

36 were on welfare or have incomes of less than $50 per week.

80 were less than 30 years old.

21 were less than 20 years old.

70 had three children or less.[1]

Contraceptive patients at our centers increased from 120,800 in 1959 to 231,300 in 1963, while total patient visits more than doubled, jumping from 309,500 to 595,700 during the same period.

Far too many people, including social workers, have stereotyped notions about poor people whose experiences, living conditions, and outlooks differ from their own. It is believed by many that these are apathetic people disinterested in improving themselves or too ignorant to understand the forces operating to keep them in economically and socially depressed circumstances. Our experience indicates that nothing could be more distorted. We believe it is essential for both professional and lay people to recognize their own ignorance of the factors that mitigate against society's best efforts to improve the conditions of impoverished people.

A social worker in a Planned Parenthood center made the following report to her board on the results of a home visiting program in a low-income area:

> After two years of working with these families, some intimately, I feel that I can present them to you in a general way so that the chasm of separation between you and them may be lessened slightly. The demoralization and seeming apathy that pervades the lives of these women and affects their all-round social, economic, and psychological functioning, is almost impossible for us as members of the privileged

[1] A. F. Guttmacher, M.D. *1963 Annual Report,* Planned Parenthood Federation of America.

class to understand, and most of us cannot succeed at all in imagining what it would be like to have to live as they do. This is one of the chief barriers to our success in framing a program that fits their needs more adequately. The other barriers are our own fears and prejudices toward Negroes and the poor. It is hard to lose the 19th-century attitudes about the poor and their supposed difference and non-connection with us. Our isolation and theirs is so difficult to breach.

This type of understanding and accurate appraisal is essential on a continuing basis if positive and effective programs are to be implemented for reaching and serving low-income families.

Prior to the advent of the oral contraceptive, our annual dropout rate approximated fifty percent—about half of our patients did not return for yearly checkups. In 1961, the Research Department of our national office developed and conducted a study with a number of our Affiliates participating to try to understand the reasons for patient dropout.[2] Answers were sought to a number of questions: Do patients fail to return because they dislike the method of contraception they received or because they are not comfortable in going to the center? Are they using some different method? Are they getting supplies and advice from some other sources than Planned Parenthood? We felt that this information would help our Affiliates to program their services more effectively and to evaluate this phase of their own operations which could have implications for overall national and local planning.

The study was limited to women currently due for an annual checkup at selected Planned Parenthood centers. Thirty of our one hundred Affiliates participated in the study and reported on 21,917 cases. Of this number, 3,017 clients or 13.7 percent were found to have moved. For most of these, letters were returned to the Post Office as "forwarding address unknown." A few were found to have moved when home visits were attempted. "No response" was recorded for another 2,100 clients or 9.58 percent of those in the study. Thus, we had no data on 23.34 percent—almost one-fourth of the clients. There were 5,369 clients (24.62 percent of those studied) who, either by mail or telephone or during home visits, gave a variety of reasons for not returning to the center. Only 18 or .33 percent replied that they did not like to come to the center, which seemed to confirm our own pride in our centers

[2] *Returning of Yearly Checkups—A Study of 22,000 Family Planning Clients.* Mrs. Brooks S. Creedy and Steven Polgar, Ph.D., Planned Parenthood Federation of America, Inc., 1963. Mimeographed.

as places which make the patient feel comfortable, accepted, wanted, and at home has not been unwarranted. The other replies (about 47 percent of those studied) included such reasons as "hard to get to center," "going to private physician," "buy supplies at drugstores," "using different method." On analysis, these problems of access to the facility can be classified into four main types:

Geographical—when the center is too far away.

Time-related—when the client is too busy during the hours when the center is open.

Psychological—when the client is concerned about how she will be treated in the clinic or is otherwise afraid, ashamed, discouraged, or unconcerned.

Economic—when the cost of the service is relatively too high.

In our attempts to communicate the agency's program and services to low-income families, the most productive and satisfying methods have been those in which we have been able to meet and work with low-income families in their own environment, on an informal, friendly, and non-threatening basis. Efforts have been directed towards recruiting local, neighborhood opinion-leaders who could help to develop an informal communications network. We have learned that it is important to listen to what they tell us about their situation so that we may have a better understanding and appreciaion of their problems.

Our aim, of course, is to serve well those patients who come to our centers, as we have come to realize that our best ambassador of goodwill is the "satisfied customer" who is indeed our best recruiter. In addition to the normal process of patient-to-patient communication which we would expect without any directed effort on our part, we have also taken steps to accelerate and encourage a process of word-of-mouth recommendation within the participating groups.

Recruiting low-income families for any kind of service is not easy. It involves a great deal of time, effort, and concentration. Results are not always immediately visible and one must not become discouraged if clients do not respond at once. Many women who receive some of our educational materials or participate in individual or group discussions appear at our center six months to a year later. Planned Parenthood has found the aggressive case-finding approaches are the most productive. Some of the methods we have employed include:

1. Person-to-person influence has been the most successful recruitment method. In 1963, Planned Parenthood Centers served 91,229 new clients from the following sources:

Sources	*Percent*
Patient-to-patient	43
Public health agencies	15.6
Private health agencies	3.7
Other Planned Parenthood Centers	2.9
Clergy	1
Private physicians	4.7
Public information	11.2
Public welfare agencies	3
Private welfare agencies	0.5
Home visits	3
Hospital visits	5.2
Other	6.2

2. Small neighborhood group discussions were held in homes, churches, social clubs, and by tenant's associations in low-income housing projects. In some situations, selected clients assist with planning programs in their neighborhood. Often they will agree to host a tea or coffee sip in their home.
3. Neighborhood Advisory Committees, composed of our clients and others, assist in informing neighbors and friends about our program. In one community, a Men's Advisory Committee was organized, including husbands of many of our low-income patients, to set up for themselves the task of educating friends, relatives, and neighbors about the benefits of family planning as seen from their own personal viewpoint and experience.
4. Notices in the personal columns of newspapers.
5. Mass distribution of simply worded leaflets, match books, and other materials in beauty parlors, storefront churches, PTA's, surplus food stations, unemployment offices (where permitted), labor unions, health department prenatal and postnatal clinics, hospital maternity wards, and drug stores.
6. Information centers manned by volunteers in low-income areas.
7. Mobile units and neighborhood centers to make the service more accessible by bringing it right into the low-income community.

A brief description of how a neighborhood was organized for family planning by a professionally trained and experienced social worker will illustrate the use of many of the above mentioned techniques. The first principle was concentration on one neighborhood. The area selected was a section where there were three large public housing projects with approximately one thousand families, many of whom had from four to ten children each. Almost one hundred of these families had from ten

to nineteen children each! The income range was from $40 to $65 per week. Also, in this community there was a private apartment development housing fifteen hundred families with from one to four children and incomes of from $65 to $100 a week. The neighborhood Planned Parenthood center was eventually housed in this private development.

Most of the work was done with families in the public housing projects. Tenants of the private apartment had middle-class attitudes toward contraception. They became clinic patients, leaders in the Neighborhood Committee, and served as volunteer receptionists and clinic aides. Neighborhood contraceptive supply centers were set up at the request of the patients and staffed entirely by residents of the public housing projects. The committees grew out of early group meetings in homes of patients and met regularly once a month to plan how we could best extend knowledge of birth control service to the community and to learn more for themselves not only about Planned Parenthood, but also about other problems connected with child rearing. Attendance ranged from six to fifteen members. Each Neighborhood Committee helped to develop literature. If they felt our pamphlets were unsuitable, they revised them to suit themselves. They also did some telephone follow-up of patients who had failed to return to the clinic. They arranged large community meetings. They distributed leaflets. And they referred neighbors and relatives, sometimes directly to the clinic and sometimes to the social worker for a home visit when thorough discussion was needed. They were Planned Parenthood's constant neighborhood ambassadors.

The social worker did not overlook a single person or group in the neighborhood as a potential source of assistance and understanding of the people in the area and he called upon them all to offer suggestions for stimulating interest in the program. Conferences were held with PTA presidents, school principals, social workers, visiting nurses, teachers, dentists, doctors, ministers, managers of grocery stores, and the managers of both public and private housing projects. Practically everyone was concerned and eager to help with the problem.

Clergymen arranged meetings at which films were shown giving the facts about reproduction. A Planned Parenthood physician led the discussion at these meetings, giving simple information and answering questions about sex, physiology, and methods of contraception. Meetings were also held in schools and recreation centers; for one such meeting the PTA president mimeographed notices and the principal not only permitted his sixteen hundred elementary school children to take these home to their parents, but at their regular meeting—the biggest PTA meeting they ever had—he also urged them to attend this program.

Public and private housing managers distributed notices of meetings and permitted the Planned Parenthood social worker to interview tenants waiting to pay rent. On-the-spot appointments were made for tenants deciding to attend the Planned Parenthood Clinic. Active Planned Parenthood patients living in the neighborhood were interviewed on their return to the clinic. Other members of the client group offered their assistance to arrange small meetings of neighbors in their homes, where over a cup of tea, family planning was discussed. New recruits came as the result of these sessions, and out of these meetings came the permanent committees described previously.

Since many mothers with large families found it difficult to attend meetings, a door-knocking campaign was begun, visiting every family in selected public housing projects and a few private developments. Information about birth control was welcomed by most of these mothers who often had heard only of sterilization or abortions as effective methods. More than twenty percent of the women we visited came into the clinic; some came later, after a second visit, and some after another pregnancy.

Active participation of staff and volunteers was an essential ingredient in this educational and recruitment campaign. They assisted with health, welfare, and religious agency contacts. At the request of churches and recreation leaders, based in public housing projects, meetings were held with teen-agers and their parents to deal with facts of sex and reproduction and with responsible parenthood and community living. These meetings were attempts to provide knowledge and stimulate discussions which would change negative attitudes toward the effective and responsible use of contraceptives as an acceptable pattern of behavior for this generation of teen-agers as they approach marriage and parenthood.

Since 1957 when this clinic was first opened, more than five thousand patients have learned how to plan their families. The success of this neighborhood based program was due largely to the efforts of the community worker—a warm, understanding person who was always available to offer a helping hand regardless of the problem, many of which were very often not connected with birth control. Although many various methods were used to draw members of the community into the program, this warm and personal contact meant more than anything else. Similar methods were used to encourage families to continue to use the agency's services once they had been initially recruited; but here again it was the quality of the contact between the worker and the clients that determined most decisively the continuing interest in our program. Here, too, we used:

Sex education, through face-to-face group and individual contacts, with emphasis on "face-to-face."

Personal interview with patients in door-to-door visits.

Securing the understanding and active support of birth control programs by continuing neighborhood groups as well as by official religious, health, and welfare agencies, through every available educational method.

Some form of periodic contact with all patients.

More realistic clinic teaching methods.

In summary, Planned Parenthood and its Affiliates have found through experience, that it is important:

To refrain from trying to impose our own attitudes, standards, and ways of life upon families with different economic and cultural orientations. We must learn to understand and operate within the framework of the culture in which our clients live if we wish to interest them in our program.

To be a good listener and be ready to act upon what we hear, whether or not it seems to us practical or feasible at the moment.

To be patient; what we are trying to achieve cannot happen overnight.

Not to promise the impossible.

Not to become discouraged when results are slow to materialize. In many cases sustained help will be needed over a period of time before we can expect that our target group will be responsive to offers of assistance.

To create an atmosphere of mutual respect and understanding by helping families and individuals to recognize that they too have dignity and worthiness as human beings.

Not to have preconceived ideas of what we think or believe to be the best approach for reaching people with our services. It is often a matter of creating new channels of communication, rather than using the old, established ones.

Recruiting low-income families for health and welfare services is possible if we, as social workers, believe in our program as a sound one, and if we are not afraid to establish contact with the target group at the level of understanding and communication that is required to meet with success.

Additional copies of this pamphlet may be purchased by sending 50 cents to the Child Study Association of America, Inc., 9 East 89th Street, New York, N.Y. 10028. Quantity rates are available upon request.